



# HEALTH PROFILE: PAPUA NEW GUINEA

## HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	16,000 (low–high estimate) (7,800–28,000)
Total Population (end of 2003)	5.711 million
Adult HIV Prevalence (end of 2003)	0.6% (low estimate–high estimate) (0.3–1%)
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients with a sexually transmitted infection, or others with known risk factors)	8.1%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	1.4%

Sources: UNAIDS, U.S. Census Bureau

Papua New Guinea has the highest per capita HIV prevalence in the Pacific. By the end of 2003, an estimated 16,000 people in Papua New Guinea, or 0.6% of all young adults ages 15–49, were living with HIV/AIDS, with about 150 new infections each month. The first case of HIV was reported in 1987, and the annual number of new infections has increased progressively since the mid-1990s. In 2002, the country experienced the region's fourth generalized epidemic (following those in Thailand, Cambodia, and Burma). Geography is a major factor in the rise of HIV prevalence in Papua New Guinea, which shares an island with Papua, Indonesia's highest-prevalence province. More than twice as many young women as young men ages 15–24 are infected, and, in 2003, the number of overall HIV infections among women surpassed that among men.

HIV/AIDS surveillance in the country is limited and needs to be enhanced to plan and monitor progress in containing the infection. The limited data that are available suggest that transmission occurs mainly through risky heterosexual sex—both commercial and casual. Surveys conducted among young adults on the Indonesian side of the border have revealed two social patterns that help clarify the general means of HIV transmission on the island:

- Young, unmarried women (aged 15–24) were 10 times more likely (and young men five times more likely) to be sexually active than the same age group in other parts of Indonesia.
- Approximately 29% of sexually active young women in Papua reported having sex with older men (at least 10 years older than they), creating a bridge for HIV to spread from older, higher-prevalence populations to younger age groups.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), condom use is low in all areas and social strata in the country. There is high prevalence of casual sex, involving multiple partners. This combination of widespread commercial sex, as seen in Thailand prior to that country's epidemic, along with unsafe sexual behavior among the general public, presents conditions that risk a widespread epidemic. Other factors that increase vulnerability to HIV include the high rate of poverty, which has accelerated the number of commercial sex workers, as well as street children, some of whom have recently tested positive for HIV. Prevention efforts are complicated by a low literacy rate, with just 76% of school-

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age children receiving primary education. Papua New Guinea has the largest gender gap in education in the region, with just 80 girls for every 100 boys in primary school, and 65 girls per 100 boys in secondary school.

## **NATIONAL RESPONSE**

Limited access to health services and a weak infrastructure have stymied national HIV-prevention efforts, and a low level of domestic resources has increased the country's dependence on external support. About 90% of current HIV/AIDS funding in the country comes from the Australian Development Agency. Despite its limited resources, Papua New Guinea has shown a high level of government support for fighting the epidemic. The Prime Minister first called for a strong multisectoral strategy in 1997, resulting in the National HIV/AIDS Medium-Term Plan for 1998–2002, later extended through 2006. According to the plan, priority action areas include behavior change communication programs and services for high-risk populations, including sex workers and young adults, and improved management of sexually transmitted infections (STIs) and an expanded, multisectoral response. The country's National AIDS Council is represented in all ministries and nongovernmental organizations, and government continues to work closely with faith- and community-based organizations.

## **USAID SUPPORT**

The United States Agency for International Development (USAID) provides support to Papua New Guinea through its Asia and the Near East Regional HIV/AIDS and Infectious Diseases program and through support provided to its implementing partner, Family Health International (FHI). Working with the National HIV/AIDS Support Project, FHI assists with implementation of the country's High-Risk Setting Strategy (HRSS), focusing on behavior change communication to raise national awareness of HIV.

### **Behavior change communication**

FHI's behavior change communication program for HRSS participants is designed to upgrade behavior-change messages from general "awareness raising" to higher-impact, sustainable communication programs within high-risk settings. In February 2005, FHI conducted a pretraining needs assessment to gain a better understanding of existing behavior change programs, potential skill gaps, and training participant needs.

FHI also supports behavior change efforts in Papua New Guinea through the Implementing AIDS Prevention and Control Project (IMPACT), which focuses on female sex workers and men who have sex with men (MSM). IMPACT conducts training sessions on behavior change communication strategies for local partners; and promotes condom use among commercial sex workers, their clients, and MSM. Working with its partners, FHI/IMPACT provides educational outreach programs to individuals who control access to sex workers and to local police, to encourage their cooperation in HIV/AIDS interventions among at-risk populations. Outreach efforts include the distribution of condoms and behavior change support materials.

## **Surveillance**

To better understand national HIV/AIDS risk behaviors, FHI is working with local partners to conduct behavioral surveillance surveys among commercial sex workers and MSM. Results assessments will cover demographic characteristics, risk behaviors, and geographic distribution of high-risk populations in urban areas.

## **Other activities**

Through the end of 2006, FHI will expand its support in Papua New Guinea by providing technical assistance for local capacity building and, in consultation with the National Department of Health, will establish an STI clinic for most-at-risk populations.

In partnership with Save the Children in Papua New Guinea, IMPACT increases access to national health services via local drop-in centers.

## **IMPORTANT LINKS AND CONTACTS**

U.S. Embassy/Papua New Guinea, 4240 Port Moresby Place, Washington, DC 20521-4240  
Tel: 675-321-1455, Fax: 675-321-3423

USAID/Asia/Near East Website:

[http://www.usaid.gov/locations/asia\\_near\\_east/](http://www.usaid.gov/locations/asia_near_east/)

USAID HIV/AIDS Website for Asia/Near East regional:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Funding/FactSheets/ane.html](http://www.usaid.gov/our_work/global_health/aids/Funding/FactSheets/ane.html)

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